The following documents are required for an application packet to be considered complete.

## **SNF Transition Checklist:** ☐ Completed Checklist ☐ Medi-Cal Eligibility Printout ☐ SNF Face Sheet ☐ Completed Assessment Tool Signed by a Registered Nurse Submitted to DHCS within 60 days of the Registered Nurse signature ☐ Completed Individual Service Plan (ISP) Signed by a Registered Nurse or Social Worker Signed by the Applicant/Legal Representative ☐ Durable Power of Attorney (if applicable) • Specific to health care decisions Signed by the Applicant and Notarized ☐ Amenity Form Signed by the Applicant/Legal Representative ☐ Freedom of Choice Signed by the Applicant/Legal Representative

☐ Service Plan Agreement Form

Signed by the Applicant/Legal RepresentativeSigned by a Registered Nurse or Social Worker